

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 73664

Title: Transjugular intrahepatic portosystemic shunt with radioactive seed strand for

main portal vein tumor thrombosis with cirrhotic portal hypertension

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02541322 Position: Editorial Board

Academic degree: FAASLD, MD, PhD

Professional title: Director, Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-12-01

Reviewer chosen by: Jia-Qi Zhu (Online Science Editor)

Reviewer accepted review: 2022-03-01 21:06

Reviewer performed review: 2022-03-16 02:40

Review time: 14 Days and 5 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript by Yang and colleagues examines, in a single center retrospective cohort, the utility of combined use of TIPS and brachytherapy for treatment of advanced hepatocellular carcinoma (HCC), complicated by malignant portal vein thrombosis (mPVTT) and decompensated cirrhotic portal hypertension (CPH), as defined either by variceal bleeding or ascites despite conservative management. The principal findings were: (a) there was universal improvement in CPH and, apparently, relief of its complications, (b) the majority of patients had at least a decrease in the extent of mPVTT (18% had a complete response), (c) recurrence of decompensated CPH was low within the first year, and (d) median survival was 1 year. Although this is certainly an advance for HCC patients in this category who undergo no treatment, it is unclear whether this is an advance for the field as a whole. In particular, neither the Introduction nor the Discussion alludes to outcomes for other treatments in patients with mPVTT, such as radioembolization, radiation, or systemic therapy, with the understanding that TIPS might be required as an adjunct. Attention to this issue would strengthen the manuscript overall. Other comments are as follows: 1. How was refractory variceal bleeding defined? Had patients failed prior medical and/or endoscopic therapy? 2. How was recurrent CPH defined? 3. I am not sure that the denominators for rates of recurrent CPH and for shunt stenosis at 1 year and beyond are correct, since half of the patients at that point were alive. Please reconsider how to calculate these outcomes. 4. It is interesting that BCLC Stage D patients were treated, since they are typically considered for supportive care only. The authors may wish to comment on their median survival (which appears to be 6 months) and whether they really benefitted from any intervention. 5. It is interesting



that radioembolization was not used in any of the cases. Is this a practice choice at the author's institution?



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Reviewer's code: 05040484 Position: Editorial Board Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor, Professor, Research Scientist

Reviewer's Country/Territory: Russia

Author's Country/Territory: China

Manuscript submission date: 2021-12-01

Reviewer chosen by: Jia-Qi Zhu (Online Science Editor)

Reviewer accepted review: 2022-03-15 13:02

Reviewer performed review: 2022-03-19 11:43

Review time: 3 Days and 22 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

statements

Peer-Review: [Y] Anonymous [] Onymous

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is an interesting study, but I have a few comments: 1) it will be much better if you conduct a control study comparing your results with the results of standard of care therapy or TIPS without planting seeds; 2) in figure 2a, the site of thrombosis should be indicated with an arrow; 3) in figure 2g it is not clear where the thrombus is located; 4) the introduction or discussion section should better describe the mechanism of action of the seeds.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 05040484 Position: Editorial Board Academic degree: MD, PhD

Professional title: Assistant Professor, Doctor, Professor, Research Scientist

Reviewer's Country/Territory: Russia

Author's Country/Territory: China

Manuscript submission date: 2021-12-01

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2022-04-25 17:30

Reviewer performed review: 2022-04-25 18:08

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I have no additional comments.



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Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-12-01

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Scientific quality	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The manuscript has been considerabley improved by the revisions. It would be helpful to point out in the Discussion that radioembolizaton was not approved during the time of the study, but it could considered for combination treatment in the future.